



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



## Letter to the Editor

## Psychological impact of COVID-19 on older adults

**Keywords:**

COVID-19 pandemic outbreak  
Coronavirus  
Community-dwellers  
Elderly  
Older adults  
Social isolation  
Mental health  
Psychological distress

Dear Editor,

The COVID-19 has claimed 145,533 lives with 2,158,594 confirmed cases across 213 countries and territories as of the date. China with the largest ageing population had high number of associated deaths in older adults. At present Pakistan have 11.3 million people (15.8%) of the population. By 2050, it is estimated that about fifth of the population will be aged 65 years and older.<sup>1</sup> However, there is currently very little known about the broader impact of COVID-19 on global mental health, in general, and geriatric mental health, in particular. Mental health problems are common in older adults with the prevalent depressive symptoms. The rapid transmission of COVID-19 pandemic outbreak, higher mortality rate, self-isolation, social-distancing and quarantine could exacerbate the risk of mental health problems.<sup>2</sup> Mental health problems (new or existing) could worsen and further impair cognitive and emotional function. Unlike young segment of population efficiently equipped with the modern contraptions and internet services, most of the older adults have limited access and cognizance of internet and smart phones. A small fraction of older adults familiar with the online services might have decline in the physical activity, or dependence on others. The impact of mental health on older adults varies around the world and the factors impacting geriatric mental health could differ from low-middle income to developed countries. Pakistan being a collectivistic culture depends highly on extended joint filial and fraternal family system, predominant role of elderly especially grand-relatives including group dining and joint sleep-overs, seeking social-cohesion and family support through multiple events led by older members of the family, family's social and economic dependence on elderly and the decision-making of household through older adults are one of the main tenants in Pakistan's system.

The reliance on social media could act as a tool to prevent loneliness, boredom and tediousness in young group but for older age group the need of social support, liveliness, and daily functioning

remain unmet. Online technologies and digital sources are now harnessed to provide virtual-digital social support network and a perceived sense of belonging but the disparities in access to literacy of these modern technicalities are lost at the most of the elderly group of population.<sup>3</sup> The mass quarantine and transport restraint have inevitably constricted the activities of older adults: regular walk-and-talk in the park, acquaintance meetings, voluntary service and social care, congregational gatherings, limited contact with plants and animals, and obstacle on accessing prescribed nutrition, medication and treatment. Thus, further aggravating challenges in the wake of COVID-19 for mental health of older adults in the community. Insufficient and inadequate attention has been paid to the mental health of older age group in terms of timely and quality psychological crisis intervention.

Social isolation, social distancing, social disconnectedness, and loneliness were found to be mediated with depression and anxiety in a similar study.<sup>3</sup> Self-perceived social disconnectedness and perceived isolation predicted higher depressive and anxiety symptoms.<sup>2</sup> Brief evidence-based psychological preventive public health interventions could be established and implemented within residential environment, healthcare facilities, nursing centers, religious and cultural organizations, social and community centers for older adults.<sup>4</sup> Action-based psychological preventive public health strategies could cultivate social connection and promote healthy relationships with own-self and others. Cognitive skills and social support networks could help older adults to foster meaningful connection and sense of belongingness during isolation period. Cognitive, behavioral, social, positive and brief therapies delivered online or in-person could enhance mental wellbeing, improve social affiliation and support while simultaneously diminishing perceived loneliness.<sup>2,4</sup>

Social isolation and social disconnection – a documented bidirectional and complex relationship between mental health issues and social disconnectedness – itself poses a serious public health concern among older adults especially due to the psychosocial reasons and physiological health problems such as mental health problems, cardiovascular, autoimmune, neurocognitive, neurobiological, and other at-risk health problems. Pakistan's government should take concrete instructions for elderly people socially isolated at home or quarantined at healthcare facilities (hospital, clinic, isolation unit, daycare, community center, and place of worship) to have prescribed diet and medications and communicate about the meaning of social in-contact to mitigate their physical and mental health consequences.<sup>2,3</sup> However, adherence to social isolation strategies could be weakened with time and such well-timed reinforced implementing preventive measures would efficiently prevent the aggravated morbidity of COVID-19 related to affective mental health problems in older adults.

## Funding

No funding received.

## Declaration of competing interest

The author declares no conflicts of interest.

## Acknowledgments

My gratitude goes to my elderly friends for sharing information about their current situations.

## References

1. Haleem A, Javaid M, Vaishya R. Effects of COVID-19 pandemic in daily life. *Curr Med Res Pract*. 2020;10:78–79. <https://doi.org/10.1016/j.cmrp.2020.03.011>.
2. Mukhtar S. Mental health and emotional impact of COVID-19: applying health belief model for medical staff to general public of Pakistan. *Brain Behav Immun*.

2020. <https://doi.org/10.1016/j.bbi.2020.04.012>.

3. Rana W, Mukhtar S, Mukhtar S. Mental health of medical workers in Pakistan during the pandemic COVID-19 outbreak. *Asian J Psychiatr*. 2020;51. <https://doi.org/10.1016/j.ajp.2020.102080>.
4. Mukhtar S. Mental health and psychosocial aspects of coronavirus outbreak in Pakistan: psychological intervention for public mental health crisis. *Asian J Psychiatr*. 2020;51. <https://doi.org/10.1016/j.ajp.2020.102069>.

**Psychol. Sonia Mukhtar**, Counselling Psychologist, MS, certified in Integrative Counseling and Narrative Therapy, published books' author, is a former-visiting faculty and Alumnus at University of Management and Technology, Lahore, Pakistan.

Sonia Mukhtar  
University of Management and Technology, C-II Block C 2 Phase 1  
Johar Town, Lahore, Punjab 54770, Pakistan  
E-mail address: [sonia.mukhtar12@gmail.com](mailto:sonia.mukhtar12@gmail.com).

17 April 2020

Available online 22 July 2020